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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/026,961
		Filing Date	December 27, 2001
		First Named Inventor	Young-Hun Ha
		Art Unit	2815
		Examiner Name	M. C. Landau
Total Number of Pages in This Submission	1	Attorney Docket Number	8733.524.00-US

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Request for Continued Examination Transmittal (RCE)</div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MCKENNA LONG & ALDRIDGE LLP Valerie Hayes
Signature	<i>Valerie Hayes</i>
Date	February 23, 2004



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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **880.00**
**Complete if Known**

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Attorney Docket No.	8733.524.00-US

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit Card  Money Order  Other  None

 Deposit Account:

 Deposit Account Number **50-0911**

 Deposit Account Name **McKenna Long & Aldridge LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
<b>SUBTOTAL (1)</b>		<b>(\$)</b>	<b>0.00</b>
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Extra Claims	Fee from below	Fee Paid	
Total Claims	-** =		
Independent Claims	-** =		
Multiple Dependent		=	
<b>Large Entity</b>		<b>Small Entity</b>	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
<b>SUBTOTAL (2)</b>		<b>(\$)</b>	<b>0.00</b>
**or number previously paid, if greater; For Reissues, see above			
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3)</b>	<b>(\$)</b>
			<b>880.00</b>

(Complete if applicable)					
Name (Print/Type)	Valerie Hayes	Registration No. (Attorney/Agent)	53,005	Telephone	(202) 496-7564
Signature	<i>Valerie Hayes</i>			Date	February 23, 2004